

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

71610  
SERIAL NO. 101697840  
FILING DATE  
APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2						
3		1				
4			1			
5			1			
6		1				
7						
8		1				
9		1				
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11		1				
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46						
47						
48						
49						
50						
TOTAL IND.		3				
TOTAL DEP.		20				
TOTAL CLAIMS		23				

CLAIMS	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						